

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>01/14/00</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>2-2-00</i>
FORMALITY REVIEW		<i>71622</i>	<i>2-8-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	6/11/03
2	✓	✓	10/17/03
3	✓	✓	3/7/04
4	✓	✓	8/20/04
5	✓	✓	3/29/05
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
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47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	3/7/04
52	✓	✓	6/10/04
53	✓	✓	3/29/05
54	✓	✓	
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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